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## **FREEDOM OF INFORMATION REQUEST**

The undersigned request copies of Bay County Health Department records pertaining to:			
"As provided in the Freedom of Information Act, y unless you submit written proof that you are indige.  This request is made in compliance with the Free	<u>nt."</u>		
This request is made in compliance with the Fre	edom of information	Act.	
Printed Name of requestor or Organization		Date	
Signature of Requestor			
Mailing Address	State	Zip Code	
Daytime Phone Number			
E-mail address (if applicable)			
All information, with the exception of the e-mail a	ddress, is required info	rmation.	